

## DC COMPLIANCE CONTACT PERSON FORM

Insurer/HMO: \_\_\_\_\_

Representing Underwriting Companies: \_\_\_\_\_

NAIC Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

**[PLEASE SUBMIT THE NAME OF ONE (1) CONTACT  
PERSON FOR YOUR GROUP]**

**Please return this form to:**

**Betty M. Bates, Fraud Compliance Manager  
Government of the District of Columbia  
Department of Insurance and Securities Regulation  
Insurance and Securities Fraud Bureau  
810 First Street, N.E., Suite 701  
Washington, D.C. 20002**

**- OR -  
(202) 535-1194 – Fax**

**- OR -  
[betty.bates@dc.gov](mailto:betty.bates@dc.gov) - E-mail**